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Suicide among teenagers and young adults in the Transkei. Case reports

B. L. Meel

Head, Department of Forensic Medicine, Faculty of Health Sciences, University of Transkei, P/bag X1 UNITRA, Umtata 5100, South Africa

Contact: the corresponding author B. L. Meel · meel@getafix.utr.ac.za

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ABSTRACT

Transkei is a former black homeland in South Africa with high illiteracy, unemployment, and poverty. The crime rate is high. Multiple sexual relationships are common. Risky sexual behavior among teenagers and young adults is rife.

This report presents case histories of nine teenagers and young adults who committed suicide in 2000 and 2001. Some common underlying causes have been identified and discussed. Among them sexual matters and family disharmony were featured prominently. Broken families, alcohol, and financial difficulties are also contributory. Majority of the victims were learners or school dropouts. Only one was employed. The author has analyzed the cases and has tried to ascertain the underlying reasons for suicide.

Keywords: Suicide, HIV/AIDS, hanging, sexual disharmony, and alcohol

Introduction

Globally, an estimated 815 000 people killed themselves in 2000, making suicide the thirteenth leading cause of death. The highest rates of suicide are found in Eastern European countries. The lowest rates are found mainly in Latin America and in a few countries in Asia[1]. Mortality due to suicide have increased by 60%, in the last 45 years worldwide. This trend is observed in both developed and developing countries. During these 45 years, the highest suicide rates have shifted from elderly towards younger subjects (35-45 year olds and even 15-25 year olds)[2].

There is a very high incidence of suicide in America among teenagers. A government survey found that close to three million Americans aged between12 and 17 considered suicide in 2000 and more

than a third of those tried to kill themselves. Girls were twice as likely as boys to have thought about or tried to commit suicide. In all, the study showed that nine percent of children aged 12-13 considered or tried to commit suicide in 2000. The percentage for teenagers 14-15 and 16-17 was 13.7% for each age group. The youngsters who had used alcohol or illicit drugs during the year were much more likely to have had suicidal thoughts[3].

There is no reliable statistics available on suicide in South Africa. A few studies carried out indicate that the problem of suicide is on the increase. A study in 1998 has showed that major reasons to commit suicide were failing to solve problems, and mental illness[4]. Further to this, a study carried out on minor psychiatric morbidity in rural (black) South African secondary school pupils shows that 12.6% had a possible clinically significant psychological disorder[5].

There is an increasing incidence of suicidal deaths in the Transkei area. Nearly two-thirds of them were young adults less than 30 years of age. This growing number of deaths is an urgent matter of concern[6]. The causes of suicide were recognized as follows: Financial difficulties (87%), sexual disharmony (17%), and alcohol intake (23%)[7]. The purpose of these case histories is to highlight the issue of suicide among teenagers and young adults.

Case 1

In April 2000, a 22 year old unemployed male studying in standard 4 was found dead by hanging. He was having a close relationship with girl in the family and the family members had enquired about this affair. He used to drink alcohol and smoked cigarettes and the mother provided the money. Parents are alive and he was one of 6siblings, 5 males and one girl.

Case 2

A standard 10 girl was found dead by hanging at her home in the evening of 3rd May 2000. She was repeating Standard 10 in school. She had first tried to cut her wrist, and then had taken some poison, and finally succeeded by hanging. Such was her desperation to die. Her father is an electronic technician in Namibia, and visited home in December 1999. Mother is a housewife. One brother is security guard in Cape Town. Another brother is unemployed and two other are still schooling. She was the second born, and there was a history sexual abuse.

Case 3

A 21-year-old male committed suicide by shooting himself. He died on the spot. An unemployed man he had a Std.7 education. The relatives confirmed that he had problems with his girl friend. He shot the girl dead and then himself. The girl friend was a student. His father died of natural causes in1980 and the mother is alive. He has three brothers, one older and two younger. He has a child from the girl friend.

Case 4

An unemployed male of 25 years, a school drop out was a herd boy at home. He was not circumcised. Not been circumcised after certain age is considered inferior in Xhosa culture. Circumcision is the gateway to manhood. He lived with parents at home. His eldest brother 36 years of age had a car accident but is alive. The second brother died of a bus accident at the age of 30 years. Two younger brothers are alive.

Case 5

On 2nd September 2000 a 15-year-old Std.7 learner committed suicide by shooting himself. He was doing well in school and was living with his grand mother. The father is working in asbestos mine in Johannesburg for 20 years. The mother is separated from his father. His mother a housewife is living in the same locality, alone and is supported by the father. The grandmother was looking after the deceased after the parents separated. No one knew that he had a gun.

Case 6

Young healthy TDM was found hanging from a tree on 13th of June 2000. He was a waiter in a restaurant in town. He had a good friend Eric who worked with him and when he did not report for duty that day he was worried. Later he found out that his good friend has committed suicide. There was a suicide note the contents of which were as follows;

"Take note of this diary there are unusual news inside, check it out." Today was your last day with me whatever you do just make sure that you do with care; I will be back very soon but in an unusual way.

See you then or rather in HEAVEN

If you were born poor, you will die poor just like me. I wish you good luck in everything. When you have no money you are just like a car without wheels. Anyway I just hate to born you so TAKE IT EASY GRAND. I just like my family but I was unable to show it now dedicated and caring. It is painful to take decision like this, but, but, but, I am forced. Enjoy your life Eric on this earth. Please make sure my Mom go home the money, you will spend for her transport. I will refund you in Heaven. Chana, Good luck. My Man, You know Eric; sometimes in life you meet some problems in the way that you see no choice.

Case 7

A 16-year-old schoolgirl was found sick having followed a poison in the locality of the house after she returned from school. She was in the habit of informing a family member whenever she left the house but on that fateful day she didn't. She told a lady who found her vomiting that she swallowed some tablets she purchased from the local store. The family members were informed and she was taken to hospital and she died there. Her parents are separated. Father is a defence force officer, and mother stays at home. She had two other siblings, twins.

Case 8

A 28-year-old young man was found dead by hanging in December of 2000. He was the husband of a correctional service worker. The deceased had worked for an insurance company as a marketing man but as he was not successful he decided to stop working.. On the unfortunate day he was planning to go for an interview in East London. In the afternoon the wife went to leave her baby at an uncles place stay the night there and return the following morning to accompany him. When she returned he was found hanging. There were financial problems; his car was about to be repossessed by the bank. He had written a suicide note but the contents were not divulged.

Case 9

A 26-year-old young man was asked by his parents to go to the nearby farm and buy a sheep. He went, fetched a sheep, and on his return journey was found drinking alcohol in a shop. As he failed to turn up that evening the worried relatives set out to search for him and were found hanging in the yard. He had slaughtered the sheep too.

Discussion

Although limited in scope in terms of details, this work has tried to examine the underlying causes of suicide among teenagers and young adults. Broken homes with a single parent is a common to almost all suicide victims cited. Changeover from a concept of joint family to nuclear family has forced modern youth to face the problems of day-to-day living, both at home and elsewhere, on their own, without much needed advice from their parents[8]. These fractured dysfunctional families bring about multigenerational and functional disorganization within the families that set the stage for depression in the young ones. The ever-increasing demands and stress of the modern mechanical lifestyle could be the single most probable factor responsible for the increase in suicide amongst the young[8]. Depressive symptoms are highly prevalent immediately before suicide[9]. The role of general practitioner in the treatment of adolescent depression is of considerable public health and clinical importance[10].

Sexual matters were also contributory in a majority of the victims. In case 1, the young man who was over age for his class in school, also fails to find a girl friend which is an exception in this area. He developed a close relationship with a girl within the family, which is against the norms. This led to a disciplinary issue. Solutions to such problems are difficult to find. Major reason for people to commit suicide is failing to solve problems[4]. Shame and guilt could have been contributory as he was close to the girl from the same family.

A history of disappointment of matric failure was in case 2. She did not discuss the issue with any family member, and kept the entire problem to herself. Thirteen percent school earners found to committed suicide by the author[7]. The inner tensions pushed her to the point of suicide. The motivation for suicide in a person driven by internal stimuli may escape from, or give in to, the perceived overwhelming command[8].

Infidelity is an important factor contributing towards preponderance of suicide among married women as in case 3.There is a study carried out by the author showed that dispute among young couples is a major cause of homicide and suicide. The boy friend is not happy from the sexual affairs of his female partner and that lead to a term called murder-cum-suicide (MCS), where the male is first kill to his girl friend, and then to himself. This kind of history narrated in 13% of suicides[7]. A recent study carried out in Cape Town showed that by the age of 14 years 23.4% males and 5.5% females had participated in sexual intercourse. By the age of 19 years, these have risen to 71.8% and 58.2% respectively[11].

There are many complex interacting factors, which can contribute to an individual contemplating suicide. In case 4 the issue was a cultural necessity, that he was not circumcised even at the age of 25 years. Circumcision, which is commonly known as "Initiation", is the passport to manhood. The ritual of traditional circumcision (Initiation) of young adult Xhosa males goes back many generations. Local people are committed to uphold the old cultural traditions. Among them the ritualistic circumcision of young adult males remain close to their heart[12].

The parents were separated in case 5. An artificial family is not a real family, and the kindness and affection that another may feel may not quantitatively the same as that of a parent who is bound to the child through the deepest, most permanent ties of love[13].

The mother was a single parent in case 6. The husband left her long ago when the boy was a toddler. The suicide note gave the reason for his action; *"If you are born poor, you will die poor just like me."* He was concerned about the mother but also remorseful because of his plight. A study carried out by Shneidman (1973) showed that suicide notes failed to extract the wisdom of people who are facing death, or they do not shed light on suicidal state of mind[14]. A psychological autopsy studies have consistently reported the heterogeneity of the adversities and psychiatric disturbances suffered by suicide subject[15,16]

A child of separated parents; case 7 did not disclose her desire to end her life to anyone. She ingested a poison soon after coming from school. About 25% of South African secondary school children suffered from "neurotic" disorder, and brain fag symptoms[4].

The insurance broker in case 8, was under severe financial stress as he failed in the business, and the bank was about to repossess his car. Financial difficulties have featured prominently in suicides in a recent study by the author[17]. His pride was at stake and in serious need of support. In such a situation support of the spouse is important, and that seems to have been lacking in this instant as the wife was sleeping in uncle's house on the day of the fatal event. A good marital relationship can protect partners from depression when stressful life events occur[18].

The young man in case 9 was a habitual alcoholic. Alcohol is a depressant of the central nervous system. A recent study (2003) carried out by the author has recognized alcohol as the underlying cause of suicide in 23% of victims. Those who used firearms in their fatal injuries were under the influence of alcohol in nearly 58%, and 42% in hangings[7]. Currently HIV is the commonest cause of acute depression. HIV infection is associated with an increased risk behavior[19]. Suicidal acts seem to be more frequent in AIDS patients than in the general population. The disease is highly stigmatized and there are many instances of discrimination against sufferers and their families. Insurance companies do not pay in cases of HIV related deaths. Therefore, these suicides remain unreported as such. Suicide rates have raised parallel to the rise in mortality due to HIV/AIDS, over the period 1996 to 2000 in the Transkei area[20].

Research has demonstrated that the most effective way to prevent suicide is through the early identification and treatment of those at risk[3]. Some factors such as the genetic composition of an individual cannot be changed. Those that can be changed are drinking habits, family disintegration, and sexual matters.

Sexual matters and disharmony were featured prominently. Broken home, alcohol, and financial difficulties are also contributory. There is a need of a prospective study among school children to know the prevalence of suicidal tendencies, so that appropriate steps could be taken to prevent such unfortunate fatalities.

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